Volume 2, Issue 3, June 2006

# the cahps® connection



The Agency for Healthcare Research and Quality's *CAHPS® Connection* is an occasional update for the many users of CAHPS products and survey results. Its purpose is to help you stay informed about new CAHPS products, the product development work of the CAHPS Consortium, and various tools and resources that may be useful to you, such as workshops and educational materials.

Please feel free to pass on *The CAHPS Connection*. If you received it from a colleague and would like to be added to the mailing list, contact the CAHPS User Network at cahps1@ahrq.gov. To see previous issues, visit our Web site: www.cahps.ahrq.gov.

## work-in-progress

### CAHPS Clinician & Group Survey: Key Issues in Field Tests

As we reported in the March issue of *The CAHPS Connection*, the Ambulatory CAHPS (A-CAHPS) Team has been analyzing field test data for the new CAHPS Clinician & Group Survey. The Team is now preparing to submit its findings, along with the instrument itself, to the National Quality Forum (NQF) for endorsement. Their recent work has focused on both very specific issues relating to individual questions, as well as overarching aspects of survey design, analysis, and administration.

Some of these issues are still in discussion, and should be resolved over the course of the next few months. Later in the summer, the CAHPS User Network will provide an update on these decisions on our Web site (see: https://www.cahps.ahrq.gov/content/products/CG/PROD_CG_CG40Products.asp?p=1021&s=213). For now, here is a brief overview of several of the larger topics.

## what's here



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## Domains and Composites

Like all CAHPS questionnaires, the Clinician & Group Survey covers several broad functional areas known as domains. Each of these domains corresponds to a composite measure, which is a group of two or more survey items that assess performance in that domain. The A-CAHPS Team began with a set of hypothesized domains and composites, and has since adjusted and revised them according to its findings from the field test data. In addition to a global rating of doctor item, the current core survey includes composites in the following domains:

- Access to Care
- Doctor Communication
- Clerks and Receptionists at the Doctor's Office

Two additional composites (Health Promotion and Education, Coordination of Care) are still in testing, while two others (Shared Decisionmaking, Cost of Care) were moved out of the core and into the supplemental set. The Team decided to remove a composite for Physical Examinations but retain one of the items in the supplemental set.

## Response Scales

In previous CAHPS surveys, the possible responses for most of the questions were on a four-point scale: Never, Sometimes, Usually, or Always. For the Clinician & Group Survey, the Team tested a six-point response scale that would add "Almost Never" and "Almost Always" as two new response options. After reviewing all available field test data on this topic and assessing the respective merits of each response set, the Team decided to recommend the four-point scale for the time being. However, sponsors that wish to use the six-point scale will still be allowed to do so, and will be encouraged to share their survey results with the CAHPS Consortium for further analysis of this issue.

## Case-Mix Adjusters

Years of research have demonstrated that some populations perceive their experiences with care differently than others. For instance, men tend to rate their care slightly more highly than women, and younger patients tend to report slightly less positive experiences with care than older patients. To ensure that no survey sponsors are penalized because of their patient mix, the A-CAHPS Team has been developing statistical tools known as case-mix adjusters that create a "level playing field" for all survey sponsors' scores. Based on the field test data, the Team has determined that the Clinician & Group Survey results should have case-mix adjusters based on the following three characteristics: self-reported health status, age, and gender.

## Mode of Administration

The standard mode for CAHPS surveys has been mail (self-administration with paper and pencil) with telephone followup (administered by an interviewer). Several of our field test partners have tested

- Alternate modes of survey administration, including Internet and interactive voice response (IVR) telephone interviews, and
- Alternate modes of survey distribution, such as handing the questionnaire to patients in the office setting versus mailing it after a visit.

The A-CAHPS Team will continue to analyze data from these trials and will determine their feasibility for the Clinician & Group Survey. The Team may use these findings to develop statistical tools that adjust for differences based on administration/distribution mode.

## Nature of the Patient-Physician Relationship

A patient-clinician relationship may be established or ongoing, or it may be a one-time consultation or urgent care interaction. These different types of patients may provide different perspectives. The A-CAHPS Team has analyzed data from survey samples that are limited to established patients as well as samples that include a mix of established and one-time consultation patients. The Team will recommend that survey sponsors draw a random sample of patients regardless of the relationship. The core questionnaire includes several items that enable sponsors to determine the nature of each survey respondent's relationship with the doctor being evaluated.

### Separate Surveys for Specialists and PCPs

The core questionnaire of the survey currently includes items to determine whether the doctor in question is a specialist or a primary care physician (PCP). In addition, the American Board of Medical Specialties and the American Board of Internal Medicine have been working with the Harvard CAHPS Team to develop a separate instrument for specialists. The Harvard Team is currently working on an NQF submission package for this specialist instrument.

# new products

## New Supplemental Items to Support Health Plan Quality Improvement

Many health care organizations have successfully used the CAHPS Health Plan Survey to identify and improve weaknesses in their performance. Through research with users, we have also learned that health plans often supplement the results from the core questionnaire with additional survey items and other sources of information in order to learn more about their performance in specific areas. To respond to this need, the RAND CAHPS Team has developed and refined a set of supplemental survey questions that can be used for quality improvement (QI) purposes.

The Team first identified four domains of care that plans said were most important to them for QI: coordination of care, access to care, information and materials, and customer service. They then proceeded to assemble and evaluate supplemental items covering topics in each of those four domains. In testing these items, the RAND Team found that most performed quite strongly and correlated to their intended domains in the core questionnaire. The items were added to the supplemental set for the CAHPS Health Plan Survey 3.0 and will also be included in the supplemental set for the soon-to-be-released 4.0 version of the survey.

These items are designed to support health plans in using CAHPS survey results to identify specific areas in need of improvement. For example, a health plan with concerns about members' access to specialists based on responses to item 9 in the Health Plan Survey

### Core Item With Associated QI Item

**9. In the last 12 months, how much of a problem, if any, was it to see a specialist that you needed to see?**

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem

**AS1. What was the main reason you had a problem seeing a specialist?**

- ☐ My doctor did not think I needed to see a specialist
- ☐ My health plan approval or authorization was delayed or denied
- ☐ I wasn't sure where to find a list of specialists in my health plan or network
- ☐ The specialists I had to choose from were too far away
- ☐ I did not have enough specialists to choose from
- ☐ The specialist I wanted did not belong to my health plan or network
- ☐ I could not get an appointment at a time that was convenient
- ☐ Some other reason

3.0H (see box above) could add a corresponding QI supplemental item (AS1) to delve deeper into the problem.

To learn more about the QI supplemental items, visit https://www.cahps.ahrq.gov/content/resources/QI/RES_QI_Supplemental.asp?p=103&s=31.

# CAHPS 101

## Creating a Reader-Centered Report

At the CAHPS User Group Meeting in March 2006, Jeanne McGee, Ph.D., of McGee & Evers Consulting, Inc., outlined five essential ingredients of a successful "reader-centered" consumer report. To be "clear and effective," written material has to do all of the following:

- It must attract readers' attention. People do not naturally gravitate toward health care quality

reports. In order to draw them in, you need to create a report that seems valuable and appealing at first glance.

- It must hold their attention. People will stop reading a report if they find it boring or burdensome, or decide it's not relevant for them. Your written text, quality data, and visuals must be interesting and engaging in order to effectively reach members of your audience.
- It must make readers feel respected and understood. Cultural appropriateness is crucial for health care quality reporting. Your report must accommodate and demonstrate respect for your audience's various backgrounds, systems of belief, values, and cultural circumstances.
- It must help them understand. Since health care quality data can be quite complex, you need to make it as understandable as possible to your audiences. The text should be written in plain language, and the content should be organized and presented in ways that make sense to the readers.
- It must help move them to take action. The ultimate goal of any quality report is to help consumers make informed decisions. The report must let readers know why they are receiving the information and what they are supposed to do with it, motivating them to take action based on what they have learned.

To learn more, go to https://www.cahps.ahrq.gov/content/community/Events/UGM10/FILES/McGee_UGM_handout-culture_3-06.pdf.

### Additional Guidance from Jeanne McGee

On behalf of the Centers for Medicare & Medicaid Services, Dr. McGee has recently produced a two-volume guide called *Making Written Material Clear and Effective*. Part 1 provides detailed guidelines for culturally appropriate graphic design, plain language writing, and translation. Part 2 offers instructions on collecting and using feedback from readers to improve written material. These guides will become available later in 2006.

# CAHPS in action

## CAHPS Overseas: Profiles of Users Around the Globe

Since the public release of the Health Plan Survey 1.0 in 1997, CAHPS surveys of patient experiences have become highly regarded in the United States. Now, the CAHPS program and products are beginning to attract interest in the international community as well. Here are three profiles of other countries that have explored CAHPS surveys as potential tools for their own health care systems.

### CAHPS in the Netherlands

In 1992, the Netherlands introduced regulated competition among health plans, as well as freedom for consumers to choose specific plans. Since that time, Dutch researchers and policymakers have sought ways of measuring and improving the patient-centeredness of care at the health plan level. One of the largest Dutch plans, Agis, field tested a translated version of the CAHPS Health Plan Survey 3.0 – Adult Commercial Questionnaire in late 2003 in order to assess how well that instrument might perform in a Dutch context. After analyzing the field test data for Agis, a research team headed by Dr. Diana M.J. Delnoij of the Netherlands Institute for Health Services Research (NIVEL) concluded that the CAHPS Health Plan Survey demonstrates potential as a valid and useful tool for measuring Dutch patients' experiences with their health plans. NIVEL modified the instrument based on their findings and fielded it in 2005 as part of a large-scale survey of all Dutch health plans. For detailed information on the Dutch adaptation of the CAHPS Health Plan Survey, see: Delnoij DM, et al. "Made in the USA: the import of American Consumer Assessment of Health Plan Surveys (CAHPS®) into the Dutch social insurance system." *Eur J Public Health*. 2006 Mar 8.

Agis has also funded research into adapting the CAHPS Hospital Survey for use in the Dutch market. In late 2003 and early 2004, Dr. Onyebuchi A. Arah of the University of Amsterdam's Academic Medical Center and a team of researchers from various orga-

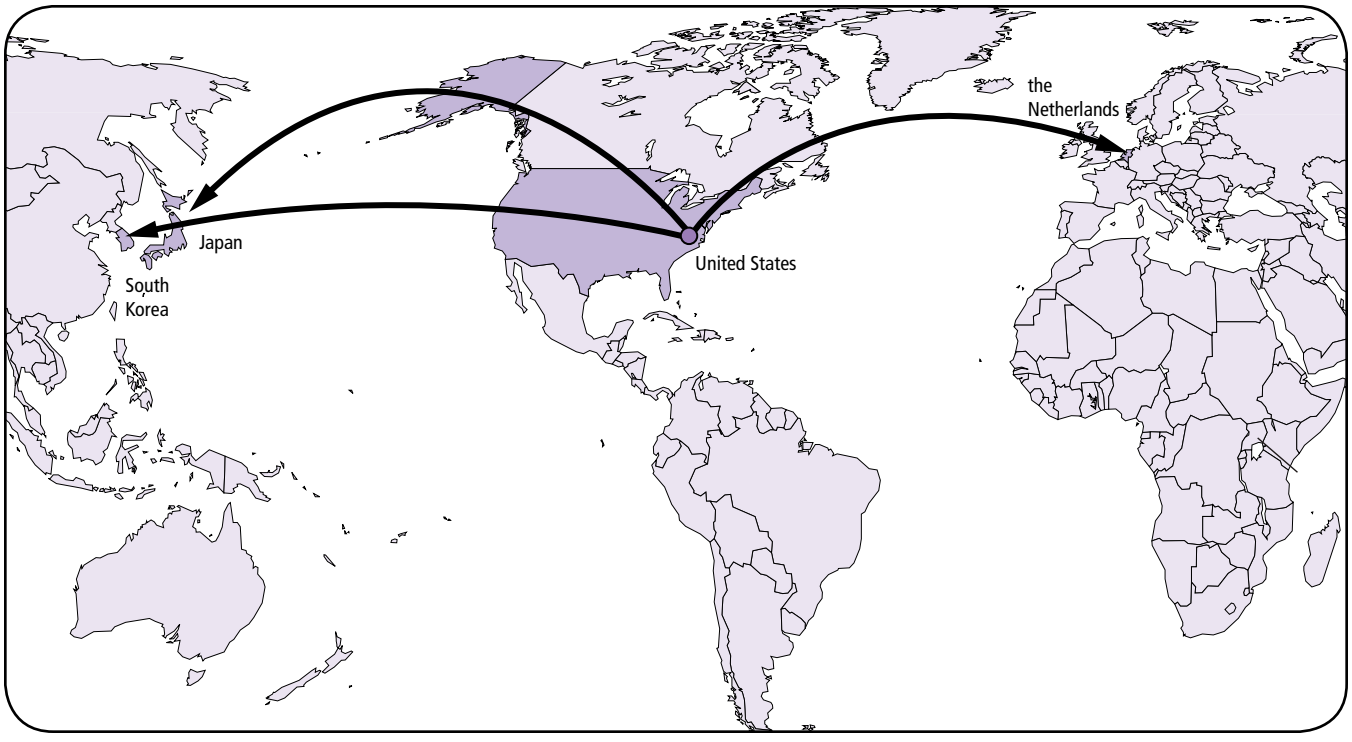
nizations fielded a translated version of the Hospital Survey to recently discharged patients from two Dutch hospitals and then analyzed the results. Dr. Arah and his colleagues found that, like the Health Plan Survey, the CAHPS Hospital Survey demonstrated strong reliability and potential for adaptation to the Dutch market. Further cognitive and field testing will be necessary to perfect a Dutch version of the instrument, but the initial findings are very promising. To learn more, see Arah OA, et al. "Psychometric properties of the Dutch version of the Hospital-level Consumer Assessment of Health Plans Survey instrument." *Health Serv Res*. 2006 Feb;41(1):284-301.

## CAHPS in Japan

Professor Yoshi Fujisawa of the Niigata University of Health and Welfare's Center for Community and Stream Care Research has been leading efforts to introduce CAHPS surveys into the Japanese health care system. Patient experience of care surveys have not seen widespread use in Japan in the past; rather, most interest has focused on patient satisfaction surveys. However, Dr. Fujisawa and his colleagues have been working to promote the distinct value of and need for patient experience of care surveys, and important figures in the business, government, and academic communities have expressed increasing interest in this area. Furthermore, Dr. Fujisawa has stressed the importance of free, publicly available instruments, in contrast with existing trends in Japan favoring proprietary surveys. With these priorities in mind, his research led him to the CAHPS program. He and his colleagues have been collaborating with members of the aforementioned communities to adapt several CAHPS surveys to the Japanese market. Although they have met with some resistance from the provider community, they hope to persuade key stakeholders that the principles underlying the CAHPS program and its products make them worthy of serious consideration for adoption in Japan.

## CAHPS in South Korea

Dr. Minah Kang Kim, a public health researcher at the Department of Public Administration at Ewha Womans University in Seoul, South Korea, is one of her country's foremost advocates of CAHPS survey products. Dr. Kim, who had written her doctoral dissertation on CAHPS Health Plan Survey data, first introduced CAHPS to a wider Korean audience with "Adjusting Pediatric CAHPS Scores to Ensure Fair Comparison of Health Plan Performances," an article



published in the January 2005 issue of *Medical Care* for which she served as lead author. Although some parties initially expressed skepticism about how well CAHPS surveys would function in a Korean system, Dr. Kim and a team of colleagues secured funding from the South Korean Ministry of Health and Welfare in 2005 to explore the possibility of adapting the CAHPS Hospital Survey (H-CAHPS).

Results from focus groups and cognitive testing with both patients and health care experts demonstrated that CAHPS measures resonated very highly with both communities and covered domains that they said were important to them. Consequently, the Ministry agreed to sponsor a 5-hospital pilot study of a Korean version of H-CAHPS in the spring of 2006, to be followed by a full-scale administration of the survey to approximately 1,300 patients at 40 public hospitals. As of this writing, Dr. Kim and her team are currently progressing with the 40-hospital implementation, and will spend the rest of summer and fall of 2006 analyzing the results. Dr. Kim and her colleagues hope that the results of this first administration of the Korean version of the CAHPS Hospital Survey will publicize the instrument and its merits to an even greater degree, potentially opening the door for further adaptation of CAHPS surveys to the Korean market.

## Massachusetts Health Quality Partners: Public Reporting at the Practice-Site Level

Massachusetts Health Quality Partners (MHQP) is a broad coalition of doctors, health plans, hospitals, consumers, purchasers, and policymakers united by the mission of improving health care quality in Massachusetts. Since 1995, MHQP has worked to promote quality improvement in health care services throughout the State, and to help educate and inform consumers about the quality and variety of health care options available to them. Recently, MHQP has been at the forefront of efforts to publicly report data on the quality of care provided by doctors' offices, or practice sites. In doing so, this organization has staked out a claim as a leader and innovator in the area of health care quality reporting and improvement.

### Practice Site as Compromise

The decision to collect and report on patients' experiences at the practice site level (defined as a group of three or more physicians practicing in the same location) represented an important compromise between physicians' concerns and the public's desire for data on individual clinicians. While consumers in Massachusetts indicated a considerable interest in individual physician-level data, the physician community expressed strong reservations about this approach, which they feared would invite misinterpretation or oversimplification. But they also wanted more specific information that would enable them to improve patients' experiences. By focusing on practice sites, MHQP found a way to provide both physicians and health care consumers with valuable information without alienating the medical community.

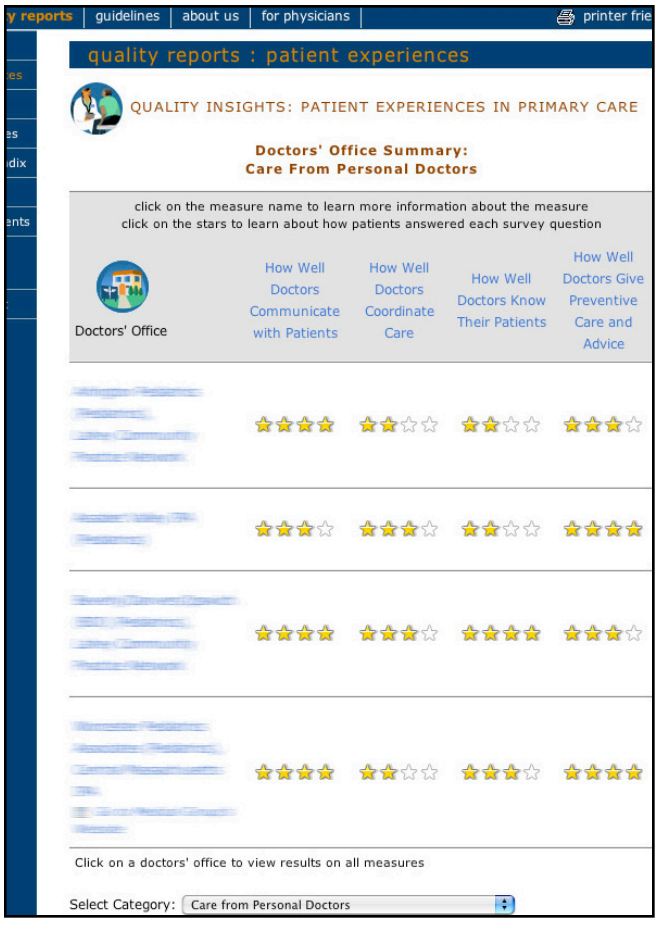
### The Survey Instrument

Because of the size and significance of this project, MHQP knew that they needed a survey of exceptional scientific rigor to send into the field. Therefore, they developed an instrument based partly on the Ambulatory Care Experiences Survey (ACES), a survey that MHQP created in 2002 in partnership with Dana Gelb Safran, Sc.D., director of The Health Institute at Tufts-New England Medical Center and a researcher with the Harvard CAHPS Team. The new instrument also drew considerably from a draft version of the CAHPS Clinician & Group Survey, allowing the Harvard Team to use MHQP's data and experiences to advance their analysis and development of the Clinician & Group Survey. The coordination between MHQP and the Harvard Team, facilitated by Dr. Safran, was fruitful for both parties: MHQP arrived at a strong and reliable survey instrument for their public reporting initiative, while the CAHPS Team received access to valuable test data.

## Reporting the Results

In the summer of 2005, MHQP surveyed over 150,000 patients in Massachusetts (covering over 400 doctors' offices and some 4,000 individual practitioners). The next step was to determine how best to report the data. Again, they turned to the Harvard Team for expertise and assistance. Dale Shaller and Shoshanna Sofaer, both Harvard representatives on the CAHPS Reports Team, conducted a series of focus groups with consumers to better understand the most effective ways to report this kind of patient experience data to the public. Based on their findings, MHQP approached their initiative with an emphasis on the following:

- Visual aides as a means of conveying quality data.
- Contextual and explanatory information.
- A combination of composite-level and item-level data.




- A clear distinction between strong and weak performers.
- Transparency about funding, data sources, and data use.

In 2006, MHQP launched a Web-based report with the results of the patient experience survey. Titled "Quality Insights: Patient Experiences in Primary Care" (http://www.mhqp.org/quality/pes/pesSearch.asp?nav=031600), this site allows users to search for doctors' offices by a number of fields and then compare the results of up to 100 offices that came up in the query. The initial comparison displays ratings for each practice site's performance in four broad domains of care in the category of Care from Personal Doctors (pertaining to communication, coordination of care, knowledge of the patient, and preventive care and advice) and another four domains in the category of

## Working With the Media

To publicize the release of this information as broadly as possible, MHQP worked closely with the local media, including such high-distribution outlets as *The Boston Globe*. Melinda Karp, Director of Programs at MHQP, commented, "We can't underestimate the media's importance as a stakeholder… it can be a great resource for PR, motivation, and exposure; but it can also be a nightmare if it goes badly." MHQP actively pursued a hands-on strategy with the media and the results were largely very positive. Ms. Karp outlined a number of key tactics for maintaining a healthy working relationship with media outlets:

- Initiate discussions with the media well in advance of the information's public release.
- Create soundbites, headlines, and talking points for them.
- Review as much pre-publication material as your media outlets will allow.
- Prepare and train doctors and other providers before the release of the information.
- Seek out communication and PR training for your own staff.

Care from Others in the Doctors' Office (pertaining to timeliness, seeing one's own doctor, care from other doctors or nurses in the office, and care from other staff in the office). These initial eight ratings are presented on a scale of one-to-four stars. Users who want more detail can then click on a particular domain and view the numerical scores that a site received on each survey item in that domain.

### Feedback and Next Steps

MHQP's attention to the details of their reporting strategy yielded a highly positive response from doctors: "We've received tremendous feedback from the physician community," Ms. Karp observed. Across the board, doctors have expressed a desire to improve their scores for the next survey cycle, and MHQP expects to see an increased effort toward quality improvement.

Looking ahead, Ms. Karp spelled out a few of MHQP's goals and ideas for future activities:

- **Report quality data at the individual doctor level.** As doctors adapt to public data at the practice-site level, they will be more prepared for reporting at the individual-doctor level. Eventually, MHQP wants to report quality data for individual doctors, which would resonate much more strongly with consumers than practice-site data.
- **Explore non-Web-based avenues for public reporting.** The coalition hopes to pursue additional reporting methods in order to reach a fuller spectrum of the consumer audience.
- **Integrate patient experience, clinical, and resource utilization/efficiency data into a single report.** In the future, MHQP hopes to present the distinct elements of quality performance in a single report to help consumers see the full performance picture.

To learn more about MHQP's quality reporting initiative, go to http://www.cahps.ahrq.gov/content/products/CG/PROD_CG_MHQP.asp?p=102&s=213.

# CAHPS Database news

*This section of* The CAHPS Connection *provides updates on the activities and products of the National CAHPS Benchmarking Database.*

## Health Plan Database Update: Data Submission System Open

The online 2006 CAHPS Health Plan Data Submission System has been open since April 10. Sponsors and their designated vendors may still submit their information anytime through June 2006, but all required information, including data files, must be received and approved no later than June 30, 2006.

A complete data submission includes the following components:

- **Sponsor Information.** Participants must first register their name and contact information with the CAHPS Database to request a sponsor account.
- **Data Use Agreement.** The agreement specifies the terms of participation for the CAHPS Database and must be signed by an authorized sponsor representative.
- **Health Plan Information.** For each health plan sample included in the CAHPS survey, sponsors/vendors must enter information on selected plan characteristics.
- **CAHPS 3.0 or 3.0H Questionnaire.** Sponsors/vendors must submit a copy of the CAHPS questionnaire(s) administered for review.
- **Data File for Each Health Plan.** Sponsors/vendors must submit a data file for each plan sample included in the CAHPS survey administration.

To access the online submission registration page, go to: https://ncbd.cahps.org/plancahps/default.asp.

Additional details about data submission are available at the CAHPS Database section of our Web site: https://www.cahps.ahrq.gov/content/ncbd/HP/NCBD_HP_HPSubmission.asp?p=105&s=52.

Please e-mail any questions about data submission to ncbd1@ahrq.gov.

### Schedule for Product Releases

**September 2006**

Commercial sponsor reports

*2006 Health Plan Survey Chartbook*

**October 2006**

Medicaid sponsor reports

SCHIP sponsor reports

Research files

## Highlights from the *CAHPS Hospital Survey Chartbook*

The first edition of the *CAHPS Hospital Survey Chartbook* was released to the public in late March. The *Chartbook* contains data from 254 hospitals that tested the Hospital Survey (H-CAHPS) in 2005 and voluntarily submitted their data to the CAHPS Database. The resulting database constitutes the largest pool of standardized H-CAHPS data currently available.

Highlights of the survey results include:

- **Highest scores for communication with doctors and nurses.** Nearly 9 out of 10 respondents (87%) reported that doctors always treated them with courtesy and respect (81% for nurses); 79% reported that doctors always listened carefully (71% for nurses); and over 76% reported that doctors always explained things in a way they could understand (72% for nurses).
- **Lowest scores for communication about medications and discharge information.** Over one-quarter of all respondents (26%) reported that hospital staff never described possible side effects of new medications in a way they could understand. A similar proportion (24%) of respondents reported that hospital staff never talked with them about whether they would have the help they needed when they left the hospital. Eighteen percent reported that they never received written information about symptoms or health problems to look for when leaving the hospital.
- **High-to-moderate scores for pain management and the hospital physical environment.** More than three quarters of respondents (77%) reported that hospital staff always did everything they could to help with pain. However, only 64% reported that their pain was always well controlled when they

**H-CAHPS Composites Ranked by Percent Responding "Always"**

| Composite | Percent "Always" |
|---|---|
| Communication with Doctors | 80.5 |
| Communication with Nurses | 74.5 |
| Pain Management | 70.3 |
| Cleanliness and Quiet of Hospital Environment | 61.2 |
| Responsiveness of Hospital Staff | 61.2 |
| Communication about Medications | 57.5 |

**H-CAHPS Composites Ranked by Percent Responding "Never"**

| Composite | Percent "Never" |
|---|---|
| Communication about Medications | 15.2 |
| Cleanliness and Quiet of Hospital Environment | 3.4 |
| Responsiveness of Hospital Staff | 2.2 |
| Communication about Medications | 1.1 |
| Pain Management | 1.0 |
| Communication with Nurses | 1.0 |

needed pain medication. Only 56% of respondents reported that the area around their room was always quiet at night, while 67% reported that their room and bathroom were always kept clean.

- **High ratings for hospital care by a majority of survey respondents.** More than one-half of survey respondents (56%) rated their hospital either "9" or "10" on a 10-point scale. Furthermore, over 94% of respondents would either definitely (71%) or probably (23%) recommend their hospital to their friends and family.

For a complete copy of the *CAHPS Hospital Survey Chartbook*, go to https://www.cahps.ahrq.gov/content/ncbd/ncbd_Intro.asp?p=105&s=5.

## CAHPS Database Contact Information

- E-mail: ncbd1@ahrq.gov
- Web: www.cahps.ahrq.gov/content/ncbd/ncbd_Intro.asp?p=105&s=5
- Phone: 1-888-808-7108
- Mail: CAHPS Database, Room RA 1157, 1650 Research Blvd., Rockville, MD 20850

# comments or questions?

The CAHPS User Network welcomes your comments and questions. Please contact us:

- E-mail: cahps1@ahrq.gov
- Phone: 1-800-492-9261

Internet Citation: The CAHPS® Connection. AHRQ Publication No. 06-0015-3-EF, Volume 2, Issue 3, June 2006. Agency for Healthcare Research and Quality, Rockville, MD.
http://www.cahps.ahrq.gov/content/CAHPSConnection/files/CAHPSConnectionVolume2Issue3.html
AHRQ Pub. No. 06-0015-3-EF
June 2006
20201.0606.75330310